

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17820  
Registrar's No. 349

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 2 months years, months or days)

3. (a) PRINT FULL NAME George Bailey

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alma Bailey 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased March 30, 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 42 1 1 hr. min.

9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business John Bailey

12. Name Unknown 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louella George 15. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Bailey  
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof May 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 5-3-43 (b) J. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 808 S. Nettleton  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1, year 1943 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 8-22, 1942 to 4-30, 1943  
that I last saw him alive on 4-30, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocardial Infarction  
Due to Arterio Sclerosis 8 Mo +  
Due to Sepsis ?

Other conditions 30 y  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Handley (M. D. or other)  
Address Springfield, Mo. Date signed

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Harlow Knabb*

Licensed Embalmer No. *4065*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.